

871501

INVESTIGATION ON FILE JUNE 1997		ON PRIVATE PROPERTY <input type="checkbox"/> FATAL <input type="checkbox"/> INJURY <input type="checkbox"/> PROPERTY DAMAGE ONLY <input type="checkbox"/> UNDER \$500 <input type="checkbox"/> \$500 OR MORE <input type="checkbox"/> HIT AND RUN <input type="checkbox"/>		STATE OF NEW MEXICO UNIFORM ACCIDENT REPORT	
DATE OF ACCIDENT MO. / DAY / YR.		Military Time		CITY OCCURRED IN	
SUN M T W T F SAT		OCCURRED ON: (ROUTE NO. & NAME)		COUNTY	
AT INTERSECTION WITH:		SHEET OF SHEETS			
OTHER <input type="checkbox"/> FEET <input type="checkbox"/> MILES <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W OF:		PERMANENT LANDMARK - COUNTY LINE - INTERSECTION		FOR USE BY ORIGINATOR	
LOCATION <input type="checkbox"/> FEET <input type="checkbox"/> MILES <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W OF:		MILEPOST <input type="checkbox"/> FEET <input type="checkbox"/> MILES <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W OF MILEPOST NO:			
ACCIDENT <input type="checkbox"/> On Roadway <input type="checkbox"/> Off Roadway		ACCIDENT <input type="checkbox"/> Overturned <input type="checkbox"/> Other N-Col. <input type="checkbox"/> Pedestrian <input type="checkbox"/> Other Vehicle <input type="checkbox"/> Vehicle On Other Rdwy. <input type="checkbox"/> Fixed Object <input type="checkbox"/> Animal <input type="checkbox"/> Pedalcyclist			
OCCURRED <input type="checkbox"/> On Roadway <input type="checkbox"/> Off Roadway		CLASSIFICATION <input type="checkbox"/> Parked Veh. <input type="checkbox"/> R.R. Train			
VEHICLE NO. 1 HEADED <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W ON:		Driver's Full Name		Address	
Driver License Number		State		Type	
Restrictions		Expires		Date of Birth	
Social Security Num.		Occupation		Posted Speed	
Safe Speed		Seat Belt		Helmet	
Yes No		Yes No		Age	
Sex		Injury		Vehicle Damage	
SEAT POSITION CODE LR LF 7. CR CF RR RF OTHER		Occupant's Name		Occupant's Address/Zip Code	
Vehicle Yr.		Vehicle Make		Color	
Body Style		Removed To:		Removed By:	
License Yr.		State		License Number	
US DOTACC/SCC Numbers		VIN		Owner's Telephone	
Owner's Name		Owner's Address		Zip Code	
Insured By: (Name of Company)		Policy Number		Liability Insurance	
Yes No		VEHICLE DAMAGE SLIGHT MODERATE HEAVY NONE			
VEHICLE NO. 2 - PEDESTRIAN HEADED <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W ON:		Driver's or Pedestrian's Full Name		Address	
Driver License Number		State		Type	
Restrictions		Expires		Date of Birth	
Social Security Num.		Occupation		Posted Speed	
Safe Speed		Seat Belt		Helmet	
Yes No		Yes No		Age	
Sex		Injury		Vehicle Damage	
SEAT POSITION CODE LR LF 7. CR CF RR RF OTHER		Occupant's Name		Occupant's Address/Zip Code	
Vehicle Yr.		Vehicle Make		Color	
Body Style		Removed To:		Removed By:	
License Yr.		State		License Number	
US DOTACC/SCC Numbers		VIN		Owner's Telephone	
Owner's Name		Owner's Address		Zip Code	
Insured By: (Name of Company)		Policy Number		Liability Insurance	
Yes No		VEHICLE DAMAGE SLIGHT MODERATE HEAVY NONE			
INJURED First Aid Rendered By:		Injured Taken To:		By:	
OTHER PROPERTY INVOLVED		DESCRIPTION OF PROPERTY AND DAMAGE		Owner Phone	
Name		Age		Address	
Telephone		Name		Age	
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Name		Age			

ROAD - WEATHER		LIGHTING (Check One)	WEATHER (Check One)	ROAD COND. (Check One For Each)	ROAD SURFACE (Check One For Each)	TRAFFIC CONTROL (Check One For Each)	ROAD CHARACTER (Check One)	ROAD DESIGN (Check One Or More For Each)							
		<input type="checkbox"/> Daylight <input type="checkbox"/> Dawn <input type="checkbox"/> Dusk <input type="checkbox"/> Dark Lighted <input type="checkbox"/> Dark - Not Lighted <input type="checkbox"/> Other	<input type="checkbox"/> Clear <input type="checkbox"/> Raining <input type="checkbox"/> Snowing <input type="checkbox"/> Fog <input type="checkbox"/> Dust <input type="checkbox"/> Wind <input type="checkbox"/> Other	<input type="checkbox"/> Dry <input type="checkbox"/> Wet <input type="checkbox"/> Snow <input type="checkbox"/> Ice <input type="checkbox"/> Loose Material <input type="checkbox"/> Other	<input type="checkbox"/> Paved Unstriated <input type="checkbox"/> Paved Center Striped <input type="checkbox"/> Paved Center & Edge Line <input type="checkbox"/> Unpaved	<input type="checkbox"/> No Passing Zone <input type="checkbox"/> Stop Sign <input type="checkbox"/> Traffic Signals <input type="checkbox"/> Yield Sign <input type="checkbox"/> R.R. Gate <input type="checkbox"/> 4 Way Stop <input type="checkbox"/> Flashers <input type="checkbox"/> No Controls <input type="checkbox"/> Other	<input type="checkbox"/> Straight <input type="checkbox"/> Curve GRADE (Check One) <input type="checkbox"/> Level <input type="checkbox"/> Hicrest <input type="checkbox"/> On Grade <input type="checkbox"/> Dip	<input type="checkbox"/> 1 Lane <input type="checkbox"/> 2 Lanes <input type="checkbox"/> 3 Lanes <input type="checkbox"/> 4 Lanes <input type="checkbox"/> Undivided <input type="checkbox"/> Physical Div. <input type="checkbox"/> Painted Cn.	<input type="checkbox"/> One Way <input type="checkbox"/> Ramp <input type="checkbox"/> Freeway <input type="checkbox"/> Underpass <input type="checkbox"/> At-Grade <input type="checkbox"/> Other <input type="checkbox"/> Constr. Zone						
EVENT		APPARENT CONTRIBUTING FACTORS (Check One Or More For Each)				WHAT DRIVERS WERE DOING (Check One For Each)									
		<input type="checkbox"/> Excessive speed <input type="checkbox"/> Speed too fast for conditions <input type="checkbox"/> Failed to yield right of way <input type="checkbox"/> Passed stop sign <input type="checkbox"/> Disregarded traffic signal <input type="checkbox"/> Drove left of center <input type="checkbox"/> Improper overtaking <input type="checkbox"/> Avoid no contact vehicle <input type="checkbox"/> Avoid no contact - other				<input type="checkbox"/> Following too closely <input type="checkbox"/> Made improper turn <input type="checkbox"/> Driver inattention <input type="checkbox"/> Under influence of alcohol <input type="checkbox"/> Other improper driving <input type="checkbox"/> Pedestrian error <input type="checkbox"/> Inadequate brakes <input type="checkbox"/> Driverless moving vehicle <input type="checkbox"/> Defective steering				<input type="checkbox"/> Defective tires <input type="checkbox"/> Other mechanical defective <input type="checkbox"/> Road defect <input type="checkbox"/> Other - No driver error <input type="checkbox"/> Traffic control not functioning <input type="checkbox"/> Improper lane change <input type="checkbox"/> Improper backing <input type="checkbox"/> None <input type="checkbox"/> Vehicle skidded before braking				<input type="checkbox"/> Going Straight <input type="checkbox"/> Overtaking-Passing <input type="checkbox"/> Right Turn <input type="checkbox"/> Left Turn <input type="checkbox"/> U-Turn <input type="checkbox"/> Slowing <input type="checkbox"/> Backing <input type="checkbox"/> Stopped for traffic <input type="checkbox"/> Stopped for sign/signals <input type="checkbox"/> Start in traffic flow <input type="checkbox"/> Start from park <input type="checkbox"/> Parked <input type="checkbox"/> Other	
DRIVER		DRIVER OR PEDESTRIAN SOBRIETY (Check One Or More For Each)		DRIVER OR PEDESTRIAN PHYSICAL CONDITION (Check One Or More For Each)		PEDESTRIAN ACTION									
		<input type="checkbox"/> Consumed Alcohol <input type="checkbox"/> Consumed a Controlled Substance <input type="checkbox"/> Had Not Consumed Alcohol <input type="checkbox"/> Sobriety Unknown <input type="checkbox"/> Consumed Medication <input type="checkbox"/> Tested by Instrument <input type="checkbox"/> Field Sobriety Test <input type="checkbox"/> Eye Gaze / Nystagmus		<input type="checkbox"/> Fatigue-Asleep <input type="checkbox"/> Eyesight Imp. <input type="checkbox"/> Hearing Imp. <input type="checkbox"/> ILL <input type="checkbox"/> Medication <input type="checkbox"/> Amputee <input type="checkbox"/> No App. Detectable <input type="checkbox"/> Other Physical Impairment		At Intersection: <input type="checkbox"/> With Signal <input type="checkbox"/> Against Signal <input type="checkbox"/> No Signal <input type="checkbox"/> Dingus		Not At Intersection: <input type="checkbox"/> From Behind Obstruction <input type="checkbox"/> No Crosswalk <input type="checkbox"/> Crosswalk <input type="checkbox"/> Walking W/Tx <input type="checkbox"/> Other		<input type="checkbox"/> Walking Against Traffic <input type="checkbox"/> Standing <input type="checkbox"/> Pushing or Working on Vehicle <input type="checkbox"/> Playing in Road					
Diagram Drawn By:		Measurements By:				Leave Blank									
DIAGRAM															
Use Supplemental Diagram/Narrative Sheet for additional information.															
NARRATIVE (Describe how accident occurred.)															
TRAILER OR TOWED VEHICLES		TOWED BY VEH. #1	Year	Make	Lic Yr - State - Number	Type									
		TOWED BY VEH. #2	Year	Make	Lic Yr - State - Number	Type									
ENFORCEMENT ACTION	VEH. NO.	Name		Violation	W	G	C	Citation No.							
	VEH. NO.	Name		Violation	W	B	C	Citation No.							
	VEH. NO.	Name		Violation	W	D	C	Citation No.							
Time Notified			Time Arrived		Notified By		Signed at Station		Checked By						
Officer's Signature			Rank		ID No.		Date		By Officer/Captain						

MTD - 11101
INT. 08/93

STATE OF NEW MEXICO - MOTOR TRANSPORTATION DIVISION



UAR Accident
Report #

Date

Truck and Bus Supplemental Accident Report

ONLY COMPLETE THIS FORM IF TWO CONDITIONS ARE MET

<p>ACCIDENT MUST HAVE INVOLVED</p> <p>Condition #1: <input type="checkbox"/> A truck with at least 2 axles or 6 tires; and/or <input type="checkbox"/> A vehicle with Hazmat placarding; or <input type="checkbox"/> A bus with seats for more than 15 people (including driver).</p>	<p>AND AT LEAST ONE OF THE FOLLOWING OCCURRED:</p> <p>Condition #2: <input type="checkbox"/> Person(s) fatally injured. <input type="checkbox"/> Injured person(s) taken from the scene for medical attention. <input type="checkbox"/> Vehicle(s) towed from the scene.</p>
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ACCIDENT INFORMATION

Carrier Name		Source: <input type="checkbox"/> Vehicle Side <input type="checkbox"/> Shipping Papers <input type="checkbox"/> Driver	
Carrier Address			
Carrier ID #	US DOT #	ICC MC #	State Name State #

VEHICLE CONFIGURATION

CARGO BODY TYPE

<input type="checkbox"/> Bus <input type="checkbox"/> Single unit truck, 2 axle, 6 tire <input type="checkbox"/> Single unit truck, 3 or more axles <input type="checkbox"/> Truck / Trailer <input type="checkbox"/> Truck Tractor (bobtail) <input type="checkbox"/> Tractor / Semitrailer <input type="checkbox"/> Tractor / Doubles <input type="checkbox"/> Unknown heavy truck	<input type="checkbox"/> Bus <input type="checkbox"/> Van or Enclosed Box <input type="checkbox"/> Cargo Tank <input type="checkbox"/> Flatbed <input type="checkbox"/> Dump <input type="checkbox"/> Concrete Mixer <input type="checkbox"/> Auto Transport <input type="checkbox"/> Garbage or Refuse <input type="checkbox"/> Unknown heavy truck
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Gross Vehicle Weight Rating lbs.	Axles on Vehicle Including Trailer	Number of Injuries	Number of Fatalities
H A Z M A T Was Hazardous Cargo Released from the Vehicle? <input type="checkbox"/> YES <input type="checkbox"/> NO	From Placard, Indicate 4 Digit Placard Number	Indicate Name from Diamond or Box	Indicate Single Digit Number from Bottom of Diamond

SEQUENCE OF EVENTS

TRAFFICWAY

1 2 3 4 Ran Off the Road 1 2 3 4 Jackknifed 1 2 3 4 Overturned 1 2 3 4 Downhill Runaway 1 2 3 4 Cargo Lost or Shifted 1 2 3 4 Explosion or Fire 1 2 3 4 Separation of Units 1 2 3 4 Collision Involving Pedestrian 1 2 3 4 Collision Involving Vehicle in Transport 1 2 3 4 Collision Involving Parked Vehicle 1 2 3 4 Collision Involving Train 1 2 3 4 Collision Involving Pedalcycle 1 2 3 4 Collision Involving Animal 1 2 3 4 Collision Involving Fixed Object 1 2 3 4 Collision Involving Other Object 1 2 3 4 Other	<input type="checkbox"/> Not physically divided <input type="checkbox"/> Divided highway, median strip, no traffic barrier <input type="checkbox"/> Divided highway, median strip, with traffic barrier <input type="checkbox"/> One way traffic
ACCESS CONTROL	
<input type="checkbox"/> No control, unlimited access <input type="checkbox"/> Full control, only ramp entry and exit	
COMMENTS AND OTHER INFORMATION	